

Case Number:	CM14-0082356		
Date Assigned:	08/01/2014	Date of Injury:	09/27/2002
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old male who sustained an industrial injury on 9/27/2002. He is a retired ██████ officer. Accepted body parts are the low back, neck, and bilateral wrists and hands. He has undergone C5-6 fusion and L4-S1 fusion (dates not provided). A prior UR/Peer review on 5/19/2014 was medically necessary for a urine drug screen. The request for right wrist MR Arthrogram was not medically necessary. The request is for repeat right wrist MR Arthrogram, the results of the prior MR Arthrogram were not available for review. No documentation was submitted of a significant change in symptoms, exam findings, or pathology to support repeating the diagnostic study. According to the recent handwritten PR-2 report dated 5/8/2014, the patient complains volar wrist pain, base of thumb, right greater than the left, had minimal temporary benefit with therapy, has as difficulty with grip/grasp, he uses wrist braces, he does not describe having numbness/tingling, he also complains of increased headaches. On examination, there is slight tender of the right wrist, tender scaphoid, pain with watson test, negative Tinel's/Phalen's, positive CCT. Color/temperature are WNL. Finkelsteins and Grind test are negative. Motor strength of the upper extremities is WNL. Treatment plan includes request for MR arthrogram of right wrist. Relevant diagnosis is bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Wrist MR Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, "Forearm, Wrist and Hand (updated 2/18/14)", MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to the CA MTUS guidelines, imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The guidelines indicate the relative ability of arthrography to identify forearm, wrist, and hand pathology such as ligament/tendon strain, tendinitis/tenosynovitis, deQuervain's tendonitis, trigger finger, CTS, ganglion, and infection is 0. The patient is more than 14 years postdate of injury. Apparently, an MR arthrogram of the wrist has been done, but the results were not provided for review. The guidelines state repeat studies are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documented subjective complaints and objective findings remain essentially unremarkable and are unchanged, his condition appears stable. The medical records do not establish MR arthrogram of the right wrist is medically indicated.